Welcome to CHNET-Works! Fireside Chat # 388

Bringing Health Considerations into the Transportation Planning Process

April 24, 2014 - 1:00 – 3:00 pm Eastern Time

Part 1 of 2

Advisors on Tap:
Meghan Winters, Assistant Professor, Simon Fraser University
Audrey Smargiassi, Associate Professor, University of Montreal

Moderators:
Dot Bonnenfant, CHNET-Works! Animateur/*Animatrice*
Kim Perrotta, Knowledge Translation & Communications, Healthy Canada by Design

www.chnet-works.ca
Population Health Improvement Research Network
University of Ottawa

Housekeeping : how a fireside chat works…

Step #1 : *Backup PowerPoint Presentation*

▪*www.chnet-works.ca*

Step #2 : Teleconference

All Audio by telephone

- If your line is 'bad' – hang up and call back in
- Participant lines muted
- Recording announcement

Step #3: The Internet Conference *(via 'ADOBE CONNECT')*

From our computer to yours ***No audio via internet***

A transmission delay of 1-2 seconds is normal

Difficulties? ***Firewalls - slow reception, disconnection :***

Use the Backup PowerPoint Presentation (Instruction Step #1)

For assistance: animateur@chnet-works.ca

How to post comments/questions during the Fireside Chat

Joining in by Telephone +
Adobe Connect Internet Conference

Use the Adobe Connect text box

Please introduce yourself!

- *Name*
- *Organization*
- *Location*

- *Group in Attendance?*

Joining by Telephone + Back up PowerPoint?

RSVP via email:
Respond to the 'access instructions' email
animateur@chnet-works.ca

Healthy Canada by Design CLASP Initiative

Moderator:

Kim Perrotta

Knowledge Translation & Communications Lead

Healthy Canada by Design

Lead Agency:

Heart and Stroke Foundation

Funder:

Canadian Partnership Against Cancer Coalitions Linking Action and Science for Prevention (CLASP) Program

Healthy Canada by Design CLASP Initiative

5 National Organizations:

- Heart & Stroke Foundation
- Urban Public Health Network
- National Collaborating Centre Healthy Public Policy
- Canadian Institute of Planners
- Canadian Institute of Transportation Engineers

11 Health Authorities from 7 Provinces:

- British Columbia & Ontario & Quebec
- Saskatchewan & Manitoba
- Newfoundland, New Brunswick & Nova Scotia

Several Academic Institutions:

- Simon Fraser University
- University of Montreal
- Dalhousie University
- Memorial University

2 Non-Government Organizations:

- Toronto Centre for Active Transportation
- Montreal Urban Ecology Centre

Healthy Canada by Design

Vision:

Health officials, planners, engineers and NGOs in communities across Canada collaborate seamlessly to:

- ensure built environments are designed to promote health and well-being,
- thus contributing to the reduction of risk factors for chronic diseases.

Advisors on Tap

Meghan Winters is an Assistant Professor with the Faculty of Health Sciences at Simon Fraser University. She is an Epidemiologist interested in the link between health, transportation and city design.

Audrey Smargiassi has a PhD in Environmental Sciences. She is an Associate Professor at the School of Public Health at the University of Montreal. She is a spokesperson for a team of researchers and practitioners from Montreal Public Health, the University of Montreal and McGill University.

Health and active transportation: an inventory of municipal data collection and needs

Meghan Winters, Faculty of Health Sciences, Simon Fraser University, mwinters@sfu.ca

with Erna Van Balen

Presentation outline

Overall introduction

Part 1: active transportation data collected

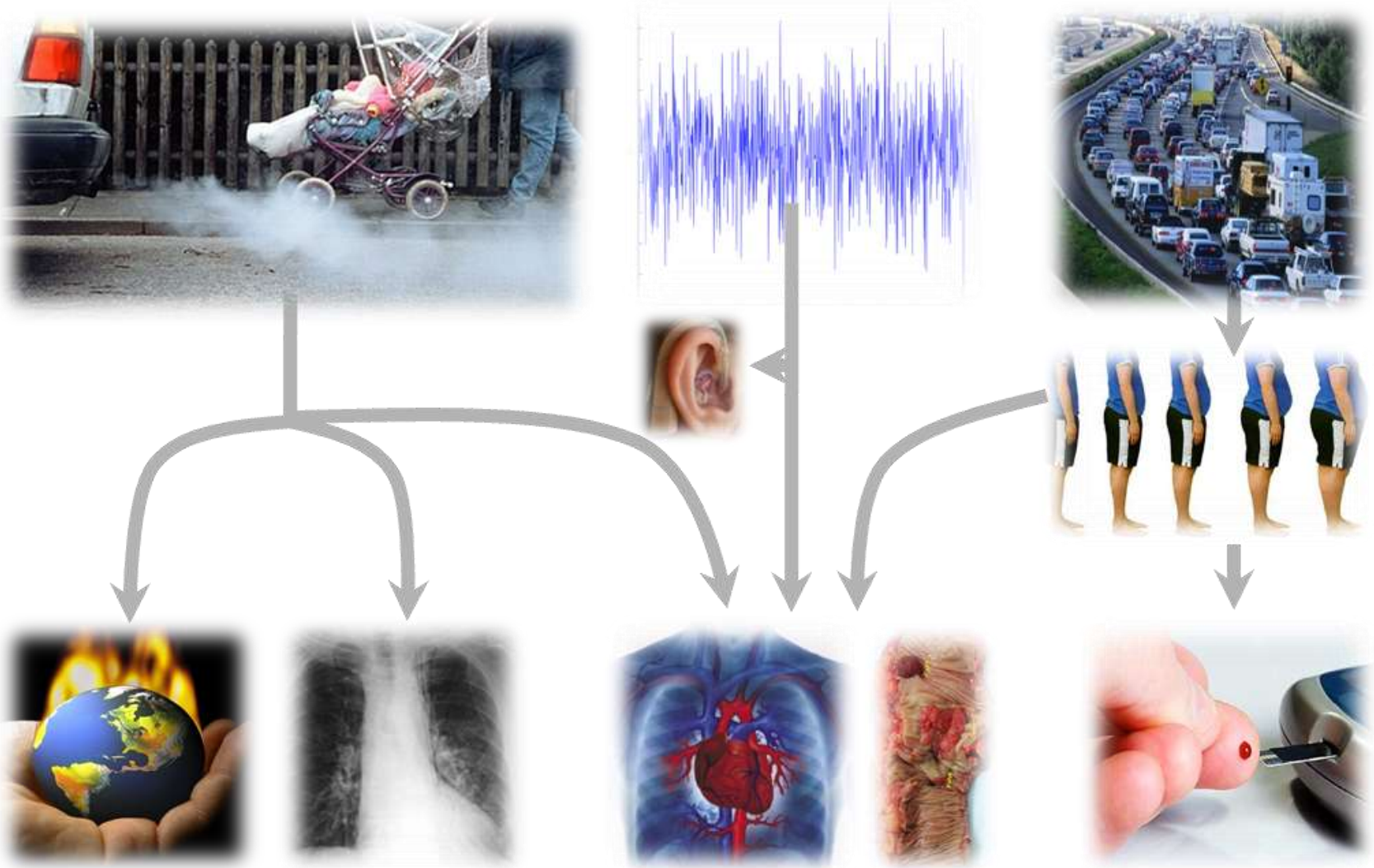
Part 2: data needs

Part 3: recommendations

Part 4: promising practices

Discussion: opportunities & challenges

Transportation and health



Project Goals

- Document **data collection** efforts related to transportation and health across various sectors
- Document the **data needs** of these organizations
- Describe **promising practices** from other Canadian centres for the collection and presentation of data
- Identify synergies, opportunities for coordination, gaps and recommended actions.

Setting and Methods

- Across urban, suburban, rural areas in the Lower Mainland of BC
- Interviews: 22 transportation planners in 15 municipalities, 2 health authorities, 2 regional governments, Translink, ICBC, BC Injury and Prevention Unit
- Advisory committee: epidemiologists, public health, planners, engineers
- Summarized themes to develop recommendations, guide selection of promising practices

Active transportation data collected by municipalities

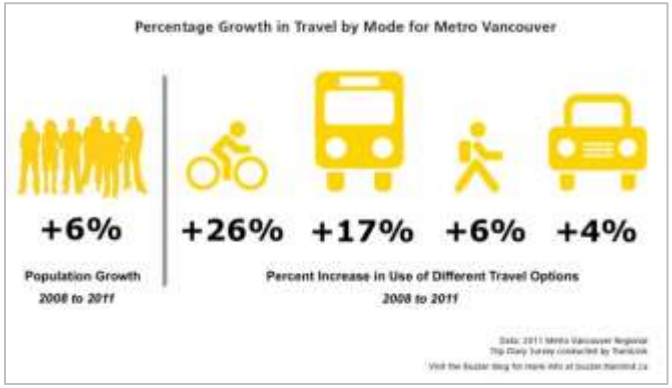
- 12 of 15 (80%) municipalities have traffic count programs
- 9 (60%) include cyclist and/or pedestrian counts
- 5 (33%) have formal active transportation count programs
- All municipalities count cyclists/pedestrians on a project basis

Crash and injury data

- Insurance Corporation of BC
  - claimed crashes involving motor vehicles – geocoded, road user type, injury severity
- BC Injury and Research Prevention Unit
  - online tool (iDOT), including Vital Statistics, Discharge Abstract Database (ICD-10 codes), ICBC
- Health authorities
  - varying access to Emergency Department data, hospital admissions, trauma registry data
- These sources have varying degree of ability to identify transportation-specific injuries, location information

Other Data Used by Municipalities

- Travel behaviour (Translink Trip Diary)
- Transit (Translink, BC Transit)
- Traffic counts (BC Ministry of Transportation and Infrastructure)
- Air quality (Metro Vancouver)
- Physical activity, obesity, chronic disease (CCHS, Census, My Health My Community)



Data Needs

- Better data on transportation (active, transit) and more capacity
- Sharing of and access to data
  - collaboration across sectors
- Technology and best practice sharing
  - standardized data collection
- Better data on injury and crashes
  - non-motorized crashes, severity
- Better data on infrastructure
  - sidewalks, ramps, parking demand/use
- Methods to link health and transportation
  - which metrics, cost benefit analysis

What are the data-related needs in your regions?

√ Use the Adobe Connect Poll to enter your response!

- **More transportation data (more counts of bikes, peds, transit users)**
- **Better access to existing data**
- **Standardized data collection practices**
- **Non-motorized crash/injury data**
- **Data on infrastructure (sidewalks, ramps, bike routes, parking)**
- **Methods to link health into transportation**
- **Other**

General recommendations

1. Establish a regional approach to data collection for transportation and health
2. Establish a regional database of transportation and health data
3. Leverage funding and resources
4. Enhance knowledge exchange between municipalities

Integrating health into transportation planning

	Tier 1	Tier 2	Tier 3
Data currently available	• Traffic counts, if any, are for motorized traffic only • Do not have health data	• Have traffic counts, including some AT data • Have some injury data	• Have extensive count programs, including AT • Have injury data from several sources, but no other health data
Data needed	• More/better data on active transportation • Best practice of data collection	• Best practice of data collection • Sharing data and accessibility	• Sharing data and accessibility • Linking health and transportation
Promising practices	• National Count Day • Peel Data Centre	• National Count Day • Peel Data Centre • Injury and crash maps	• Injury and crash maps • Toronto diabetes map • HEAT, Health Impact Assessments
Recommendations	1 - 4 5	1 - 4 5 - 6	1 - 4 6 - 9

Integrating health into transportation planning

Tier 1

Data currently available

- Traffic counts, if any, are for motorized traffic only
- Do not have health data

Data needed

- More/better data on active transportation
- Best practice of data collection

Promising practices

- National Count Day
- Peel Data Centre

Recommendations

1 - 4
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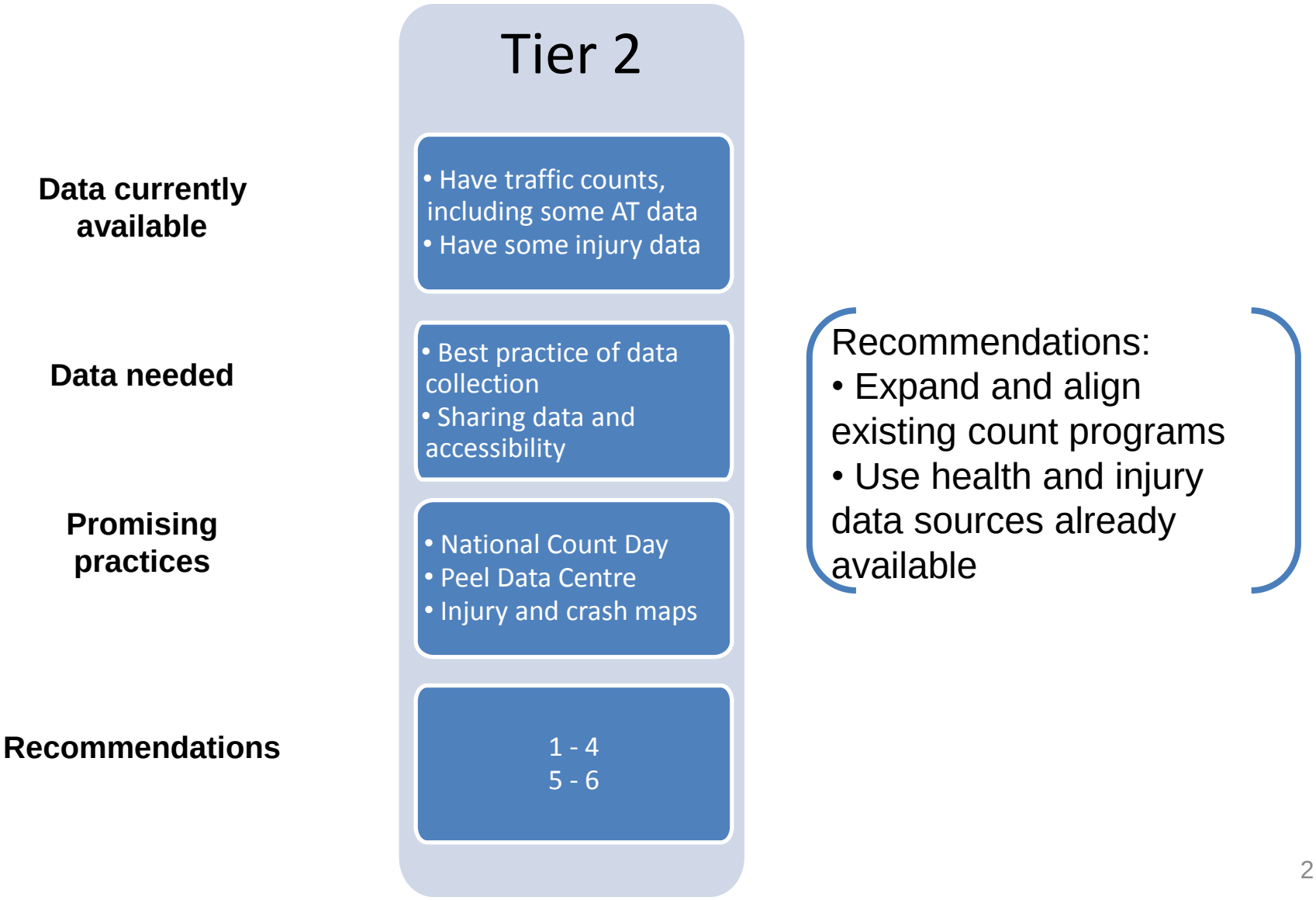
Recommendation:
- Expand existing municipal intersection counts to include active transportation

Integrating health into transportation planning



Recommendations:
- Expand and align existing count programs
- Use health and injury data sources already available

Integrating health into transportation planning

	Tier 3
Data currently available	• Have extensive count programs, including AT • Have injury data from several sources, but no other health data
Data needed	• Sharing data and accessibility • Linking health and transportation
Promising practices	• Injury and crash maps • Toronto diabetes map • HEAT, Health Impact Assessments
Recommendations	1 - 4 6 - 9

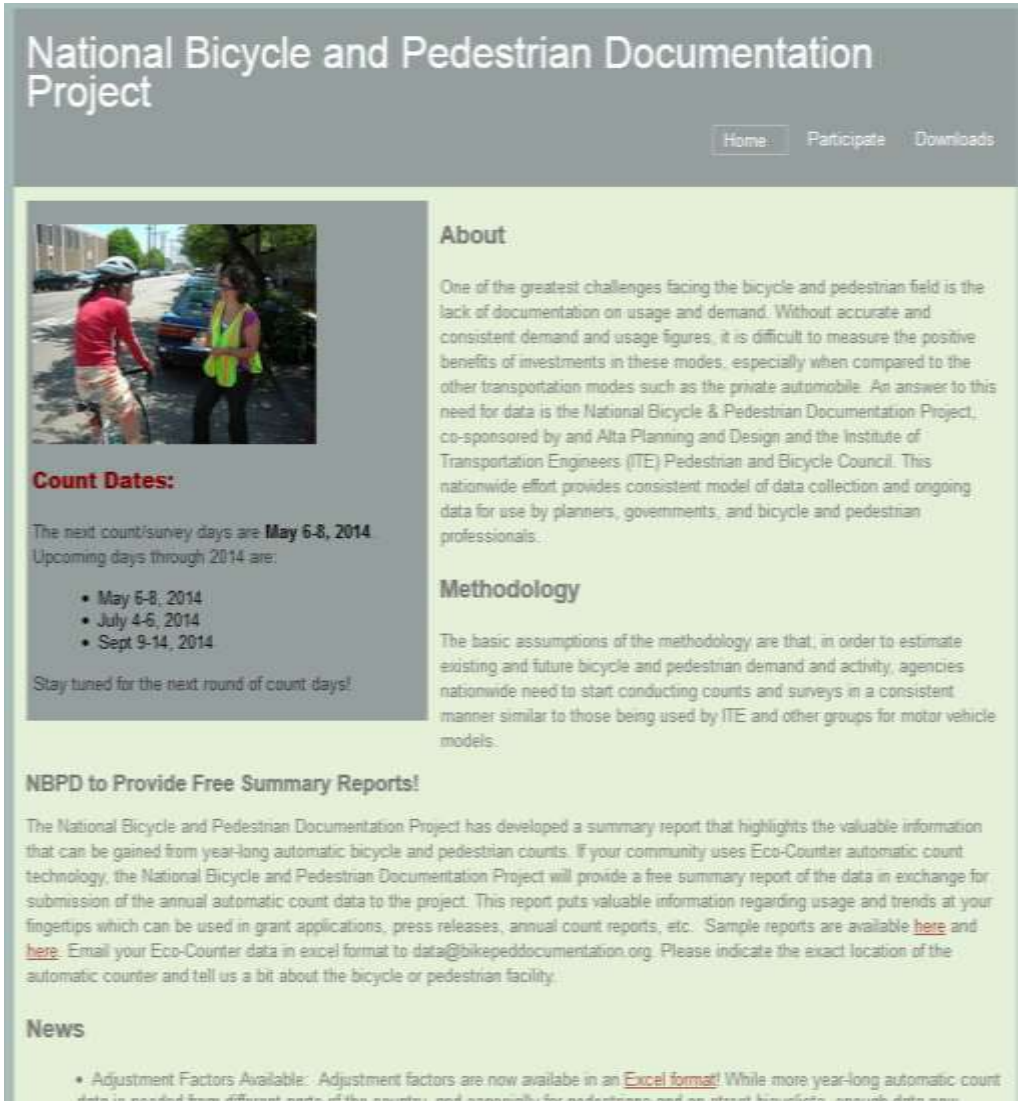
Recommendations:
- Access existing health and injury data sources
- Add health-related questions to surveys
- Carry out health impact assessments, HEAT
- Make use of advancing technology

Where does your municipality best fit on this continuum?

√ Use the Adobe Connect Poll to enter your response!

- **Tier 1 (no active transportation data, no health data, limited capacity)**
- **Between 1 and 2**
- **Tier 2 (some active transportation counts, some injury data)**
- **Between 2 and 3**
- **Tier 3 (active transportation count programs, using injury data, looking for other health data)**

Promising practices Tier 1: National Count Day



National Bicycle and Pedestrian Documentation Project

Home | Participate | Downloads

Count Dates:

The next count/survey days are **May 6-8, 2014**
Upcoming days through 2014 are:

- May 6-8, 2014
- July 4-6, 2014
- Sept 9-14, 2014

Stay tuned for the next round of count days!

About

One of the greatest challenges facing the bicycle and pedestrian field is the lack of documentation on usage and demand. Without accurate and consistent demand and usage figures, it is difficult to measure the positive benefits of investments in these modes, especially when compared to the other transportation modes such as the private automobile. An answer to this need for data is the National Bicycle & Pedestrian Documentation Project, co-sponsored by and Alta Planning and Design and the Institute of Transportation Engineers (ITE) Pedestrian and Bicycle Council. This nationwide effort provides consistent model of data collection and ongoing data for use by planners, governments, and bicycle and pedestrian professionals.

Methodology

The basic assumptions of the methodology are that, in order to estimate existing and future bicycle and pedestrian demand and activity, agencies nationwide need to start conducting counts and surveys in a consistent manner similar to those being used by ITE and other groups for motor vehicle models.

NBPD to Provide Free Summary Reports!

The National Bicycle and Pedestrian Documentation Project has developed a summary report that highlights the valuable information that can be gained from year-long automatic bicycle and pedestrian counts. If your community uses Eco-Counter automatic count technology, the National Bicycle and Pedestrian Documentation Project will provide a free summary report of the data in exchange for submission of the annual automatic count data to the project. This report puts valuable information regarding usage and trends at your fingertips which can be used in grant applications, press releases, annual count reports, etc. Sample reports are available here and here. Email your Eco-Counter data in excel format to data@bikepeddocumentation.org. Please indicate the exact location of the automatic counter and tell us a bit about the bicycle or pedestrian facility.

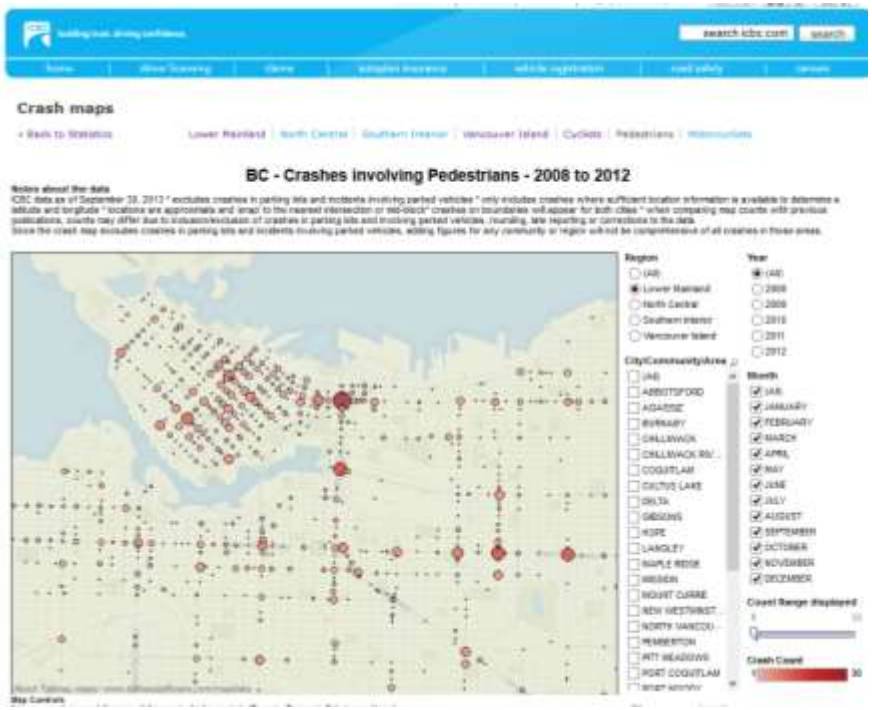
News

- Adjustment Factors Available: Adjustment factors are now availabe in an Excel format! While more year-long automatic count

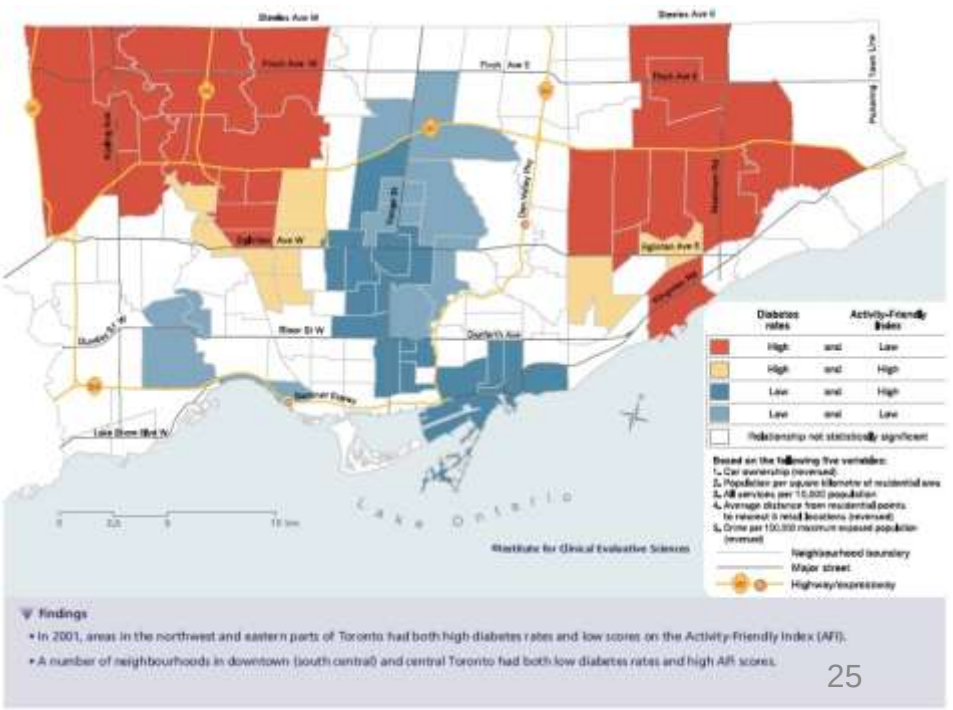
http://bikepeddocumentation.org/

Promising practices Tier 2: Visualization

ICBC Interactive Crash Maps



Toronto Diabetes Atlas



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Promising Practices Tier 3: HEAT

(HEAT) for walking and for cycling

ECONOMIC ASSESSMENT OF TRANSPORT INFRASTRUCTURE AND POLICIES

http://www.heatwalkingcycling.org/

In Toronto, walking prevented 60 deaths per year and cycling 49 deaths per year (2006 levels), representing $130 to $478 million in health benefits

Achieving walking and cycling mode shares of 12% and 6%, respectively, would prevent about 100 additional deaths each year

Discussion

- Acknowledge differences between municipalities
  - Capacity
  - Different views on health
- Opportunities:
  - connecting people and data sources
  - leveraging regional initiatives
- Challenges:
  - Data available for different geographic areas
  - Transportation and planning are different sectors
  - Different automatic count systems and methods
  - Some needs are not data-related


your challenges and successes?
promising practices you know of?